

FROM 412 741 9292

(TUE) MAY 11 2004 20:28/ST. 20:28/NO. 6319784987 P 1

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OFFICIAL

FACSIMILE COVER SHEET

To: Assistant Commissioner for Patents

Fax Number: (703) 872-9326

From: Stanley D. Ference III

Date: May 11, 2004

Pages: 24 pages (including this cover sheet)

MESSAGE:

Application No. 09/829,701

Examiner G. Akers

Art Unit 3624

Amendment Transmittal (in duplicate)
Petition and Fee for Extension of Time
Completed Credit Card Form
Amendment

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FERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. YOR20010151US1
(590.057)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Das et al.
Serial No. : 09/829,701 Examiner : G. Akers
Filed : April 10, 2001 Group Art Unit : 3624
For : AUTOMATED BIDDING AGENT FOR ELECTRONIC AUCTIONS

HON. COMMISSIONER OF PATENTS AND TRADEMARKS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

OR

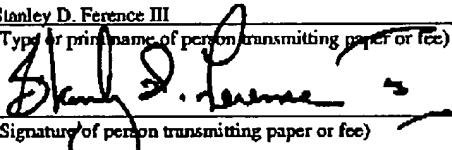
2. In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

3. Small Entity status of this application has been established by a verified statement previously submitted.

4. A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (703) 872-9326 to the Assistant Commissioner for Patents on May 11, 2004.

Stanley D. Ference III
(Type or print name of person transmitting paper or fee)

(Signature of person transmitting paper or fee)

ERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. YOR20010151US1
 (590.057)

5. Also enclosed: _____

6. No additional filing fee is required.

7. The filing fee has been calculated as shown below:

Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY		
			RATE	EE	RATE	EE		
Total Claims	45	** 49	= * 0	x	\$9	=	O	x \$18 =
Ind. Claims	8	*** 8	= * 0	x	\$43	=	O	x \$86 =
<input type="checkbox"/> Multiple Dependent Claim Presented			+ \$145	=	O	+ \$290 =	R	
			TOTAL	= \$	O	TOTAL = \$	R	

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.
 *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

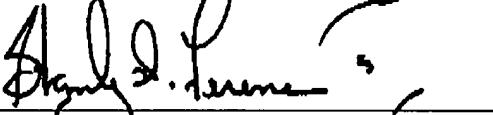
8. Applicant encloses herewith a check for \$_____ to cover the filing fee.

9. The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.

10. The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510. A duplicate copy of this communication is attached.

Respectfully submitted,

ERENCE & ASSOCIATES

By 
 Stanley D. Ference III
 Reg. No. 33,879

Dated: May 11, 2004

Mailing Address:

ERENCE & ASSOCIATES
 400 Broad Street
 Pittsburgh, Pennsylvania 15143
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